

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE -Credentialing Division  
P.O. Box 94986, Lincoln, Nebraska 68509-4986  
402-471-2117

## APPLICATION FOR A FUNERAL DIRECTING and EMBALMING LICENSE

Please Type or Print Clearly

It is your responsibility to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

**SECTION A - PERSONAL INFORMATION** (All applicants must complete this section) This information is public and on the INTERNET under [www.hhs.state.ne.us/lis/lis.asp](http://www.hhs.state.ne.us/lis/lis.asp)

1.	Name	First:	Middle/MI:	Last:
2.	Mailing Address:	Street/PO/Route:		
		City:	State:	Zip:
3.	OPTIONAL –Telephone:			
4.	Social Security Number:	Social Security #: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB)		
5.	Date of Birth:	Date:	6.	Place of Birth:

(Attach copy of birth certificate, school transcript, marriage license, passport, driver's license, etc.)

**Applicants applying based on holding a license in another state (reciprocity) are not required to complete**

**Section B below:**

**SECTION B - APPRENTICESHIP** -- Attachment B1 must be submitted to verify completion of 12 months of apprenticeship. In addition, applicants must submit, or have previously submitted, documented case reports evidencing completion of at least 25 arterially embalmed bodies (Attachment B2); and an affidavit of completion of at least 25 funeral assists (Attachment B3).

**SECTION C - LICENSURE APPLICATION CATEGORY** (All applicants must check the appropriate process by which he or she is applying for Licensure.)

- ☐ Initial Licensure in Nebraska  
☐ Reciprocity – Holds a License in Another State/Jurisdiction

**FEE:** Determine the month and year in which you are submitting your application. If the month falls in the shaded area of the following chart, the fee for initial licensure is \$27.00. If the month falls in the unshaded area, the fee for initial licensure is \$26.00.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$26	\$27	\$27	\$27	\$27	\$27	\$27	\$27	\$27	\$27	\$27	\$27
Odd Numbered Year	\$27	\$26	\$26	\$26	\$26	\$26	\$26	\$26	\$26	\$26	\$26	\$26

**Make payable to: CREDENTIALING DIVISION**

**Expiration: Licenses expire February 1<sup>st</sup> of even numbered years.**

**SECTION D – CONVICTION/LICENSURE INFORMATION (Applicants must complete this section)**

Questions	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court (City/County/State) or Entity taking Action
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES to the question above, you must request the following documents be sent directly to this office:

- Official Court Record, which includes charges and disposition
- Copies of Arrest Records
- A letter from the applicant explaining the nature of the conviction
- All addiction/mental health evaluations and proof of treatment (if the conviction involved a drug and/or alcohol )
- If currently on probation, a letter from your probation officer referencing your probationary progress or date of release

Questions	Yes	No		
Are you licensed or certified in another state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State are you licensed in?	
Have you ever surrendered your license or certification?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action
Has action been taken to suspend or revoke your license or certification?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Official Documents from the State Board in which the disciplinary action was taken
- Certification of your license/certificate in another state (Attachment B4).

**SECTION E - COLLEGE HOURS (All applicants must have submitted the "Educational Review Form - Attachment A2, and submit an official transcript verifying completion of all education). If this information is already on file, you are not required to resubmit the transcript.**

<input type="checkbox"/>	Transcript already on File with the Board	
<input type="checkbox"/>	Transcript Attached	Such education consists of: 60 semester hours of college, inclusive of:
		6 semester hours of English
		6 semester hours of accounting
		8 semester hours of chemistry
		12 semester hours of biology relating to the human body
		6 semester hours of psychology or counseling

These hours must be earned independently from the courses/classes required for receipt of a certificate / diploma / degree in mortuary science. **NOTE: APPLICANTS APPLYING BY RECIPROCITY MAY USE 5 YEARS OF LICENSURE EXPERIENCE IN LIEU OF THE SPECIFIC SEMESTER HOUR BREAK DOWN, BUT MUST STILL HAVE 60 SEMESTER HOURS OF COLLEGE.**

**SECTION F - MORTUARY SCIENCE PROGRAM (All applicants must complete this section and submit an Official transcript of graduation from an accredited School of Mortuary Science.) NOTE: If your official transcript is on file, you are not required to submit another transcript.**

<b>INSTITUTION</b> Name and Address:	Name:		
	Street/PO/Route:		
	City:	State:	Zip:

Date of Graduation: \_\_\_\_\_ Check one of the following: ☐ Certificate ☐ Diploma ☐ Degree

**SECTION G - CERTIFICATION ISSUED ON BASIS OF A LICENSE OR CERTIFICATE IN ANOTHER JURISDICTION** (Complete this section if you hold a license or certificate to practice funeral directing and embalming in another jurisdiction and are applying for licensure based on reciprocity.)

Name of Agency Issuing License:						
Address:		Street/PO/Route:				
		City:	State:	Zip:		
Date Issued:		Date:	License/Certificate Number:	#:		
1	Have you been in the active and continuous practice of funeral directing and embalming under license or certification by examination or in an accepted residency or graduate program for one year of the three years immediately preceding the date of an application for Nebraska licensure?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	1A	If in an accepted residency or graduate program, provide the name of the facility or graduate program, address, and dates actively engaged in the practice. (Use an additional sheet if space is inadequate.)				
	Name of Establishment					
	Address:		Street/PO/Route:			
			City:	State:	Zip:	
	Dates Employed	From (month/day/year):		To (month/day/year):		
	1B	Give location, address, and dates actively engaged in the practice of funeral directing and embalming. (Use additional sheet if space is inadequate.)				
	Name of Establishment					
	Address:		Street/PO/Route:			
			City:	State:	Zip:	
Dates Employed	From (month/day/year):		To (month/day/year):			
2	Have you been in the active and continuous practice of funeral directing and embalming under such license or certificate by examination in the state, territory or District of Columbia from which you come for at least one year following the issuance of such license/certification?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	2A	Give location, address and dates actively engaged in practice. (Continue on reverse side if space is inadequate.)				
	Name of Establishment					
	Address:		Street/PO/Route:			
			City:	State:	Zip:	
	Dates Employed	From (month/day/year):		To (month/day/year):		
3	Have you requested to have certification of your funeral directing and embalming license or certificate sent to Nebraska (Attachment B4)?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

**SECTION H - EXAMINATION**

A certified copy of your National Standardized Examination Scores must be sent directly from the International Conference of Funeral Service Examining Boards.

**SECTION I - ATTESTATION** An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

I further state that:

- ☐ I have not practiced in Nebraska prior to this application for licensure; **or**
- ☐ I have practiced in Nebraska without a NEBRASKA LICENSE prior to this application for licensure:
- \_\_\_\_\_ number of days in Nebraska prior to July 1, 2004
- \_\_\_\_\_ number of days in Nebraska after July 1, 2004

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_ date

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**NOTE:** Applicants applying for licensure in Nebraska based upon licensure in another state are not required to complete this form.

## AFFIDAVIT OF APPRENTICESHIP AND COMPLETION OF SUPERVISED EMBALMINGS

(Print or Type)

SECTION A - PERSONAL INFORMATION (All applicants must complete this section)					
1.	Apprentice Name:	First:	Middle/MI:	Last:	
2.	Funeral Establishment where Apprenticeship was completed:	Establishment Name:			
		Street/PO/Route:			
		City:	State:	Zip:	
3.	Dates of Apprenticeship:	From: (month/day/year)		To: (month/day/year)	
4.	Name of Supervisor:	First:	Middle:	Last:	License #:

### SECTION B - ATTESTATION

#### **Supervisor must complete this section**

I am the person referred to on this form as supervisor and that the statements herein are true and complete. I further verify that the attached case reports (Attachment B2) for arterially embalmed bodies were completed by the above named apprentice, under my direct supervision.

\_\_\_\_\_  
(Signature of Supervisor)

\_\_\_\_\_ date

### SECTION C - ATTESTATION

#### **Apprentice must complete this section**

I am the person referred to on this form as an apprentice and that the statements herein are true and complete. I further verify that the attached case reports for arterially embalmed bodies, and the attached affidavit of completion of 25 funeral assists were verified by the above named supervisor, and completed by me under his/her supervision by direct oversight.

\_\_\_\_\_  
(Signature of Apprentice)

\_\_\_\_\_ date

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Applicants applying for licensure in Nebraska reciprocity are not required to complete this form.

## REPORT OF ARTERIALLY EMBALMED BODY FUNERAL DIRECTING AND EMBALMING

(Print or Type)

### SECTION A - APPRENTICE INFORMATION (All applicants must complete this section)

Apprentice Name:	First:	Middle/MI:	Last:
Funeral Establishment Name:			
Establishment Address:	Street/PO/Route:		
	City:	State:	Zip:

### SECTION B - EMBALMING INFORMATION

Name of Deceased:	Age:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Infant: <input type="checkbox"/>
Cause of Death:	Natural: <input type="checkbox"/>		Accidental: <input type="checkbox"/>	
Condition of Body: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Mangled	Was the body shown: <input type="checkbox"/> yes <input type="checkbox"/> no			
If an Autopsy was performed, was Autopsy: <input type="checkbox"/> Complete <input type="checkbox"/> Abdominal <input type="checkbox"/> Thoracic <input type="checkbox"/> Cranial				
If death was due to contagion, how did you prepare the body for removal to the funeral establishment:				
How much actual time was spent on preparation of this body:				
Which artery(s) did you raise:				
Which vein(s) did you raise:				
✓ Check all services below that you completed for this embalming; date embalming completed: _____				
Transported the deceased body	<input type="checkbox"/>	Bathed the body	<input type="checkbox"/>	Shampooed the Hair
Did cavity work	<input type="checkbox"/>	If male, shaved him	<input type="checkbox"/>	Posed the body
Manicured the finger nails	<input type="checkbox"/>	Dressed the body	<input type="checkbox"/>	Closed the mouth and eyes
Did the cosmetic work	<input type="checkbox"/>	Placed body in casket	<input type="checkbox"/>	Assisted with funeral

### SECTION C - SIGNATURES (Apprentice and Supervisor must sign below)

\_\_\_\_\_  
Signature of Apprentice

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
License Number

**Apprentice's are required to complete twenty-five (25) arterially embalmed bodies.**

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**NOTE: Applicants applying for licensure in Nebraska based upon licensure in another state are not required to complete this form.**

## AFFIDAVIT OF COMPLETION 25 FUNERAL ASSISTS

(Print or Type)

SECTION A - PERSONAL INFORMATION (All applicants must complete this section)					
1.	Apprentice Name:	First:	Middle/MI:	Last:	
2.	Funeral Establishment where Apprenticeship was completed:	Name:			
		Street/PO/Route:			
		City:	State:	Zip:	
3.	Dates of Apprenticeship:	From: (month/day/year)		To: (month/day/year)	
4.	Name of Supervisor:	First:	Middle:	Last:	License #:

SECTION B - ATTESTATION
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I am the person referred to on this form as supervisor and that the statements herein are true and complete.

I further verify that \_\_\_\_\_ (apprentice's name), has assisted in conducting at least 25 funerals under my supervision during the dates identified above.

\_\_\_\_\_  
 Signature of Supervisor

\_\_\_\_\_  
 License Number

\_\_\_\_\_ date

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This form must be completed by the state licensing board in each state for which the applicant is licensed. **(Print or Type)**

## CERTIFICATION OF A LICENSE AS A FUNERAL DIRECTOR AND EMBALMER

Our records indicate that \_\_\_\_\_ (Applicant's Name)

was licensed or certified as a \_\_\_\_\_ (Licensure Title)

on \_\_\_\_\_ (Date of licensure);

and expires \_\_\_\_\_ (Date of Expiration).

The license or certificate was issued on the basis of written examination:

National Board Score \_\_\_\_\_ Score \_\_\_\_\_

State Examination Score \_\_\_\_\_ Score \_\_\_\_\_

Other \_\_\_\_\_ (Name)

Date administered \_\_\_\_\_

If a written examination was not required, attach copies of documentation required for licensure or certification. Requirements for licensure or certification in \_\_\_\_\_ at the time this license or certificate was issued were:

(Issuing State)

and are currently: \_\_\_\_\_

(Copies of regulations/requirements for licensure at the time of issuance and present requirements may be attached as documentation.)

It is further verified that based on the records in this department the applicant's license has:

(a) been suspended Yes ☐ No ☐

(b) been revoked Yes ☐ No ☐

(c) had other disciplinary action Yes ☐ No ☐

If yes to any of the above, please explain: \_\_\_\_\_

(d) has been maintained in good standing up to and including the present date Yes ☐ No ☐ expiration date \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Licensing Agency

OPTIONAL

( ) \_\_\_\_\_

Area Code Telephone Number

\_\_\_\_\_  
Address

S E A L

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Signature (No stamp)